



**CITY OF ASHEVILLE
and
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**HOME Investment Partnerships Program
and
Community Development Block Grant Program**

**APPLICATION FOR FUNDING
for
NON-CONSTRUCTION
PROJECTS**

**For grant year starting
July 1, 2003**

GENERAL APPLICATION INSTRUCTIONS

Which Form?	<p>This form is to apply for CDBG or HOME funds for non-construction projects. This includes:</p> <ul style="list-style-type: none">Social services (CDBG only)Housing-related services (CDBG only)Tenant Based Rent Assistance (HOME only)Down-payment assistance (CDBG or HOME)Relocation services (CDBG only)Job training and small business assistance (CDBG only)Planning (CDBG or HOME) <p>There is a separate form for construction projects: that is projects involving the acquisition or improvement of real property, including housing rehabilitation programs. Down-payment assistance to homebuyers is counted as non-construction. Call CD staff if in doubt which form to use.</p> <p>Private property owners seeking housing rehabilitation assistance within Asheville may apply to the City at any time for a CDBG rehabilitation loan.</p>
CDBG or HOME?	<p>This is not a simple question, since the programs do overlap. CDBG funds can be used for a wide variety of non-construction programs, but must be used within the City of Asheville. HOME funds may be used anywhere in the Consortium (Buncombe, Henderson Madison and Transylvania Counties) but the only non-construction uses eligible for HOME funding are Tenant Based Rental Assistance and down-payment assistance to homebuyers.</p> <p>If in doubt, please contact City of Asheville staff. If the project is eligible for both sources of funding you must choose which one to apply for, as CDBG and HOME cannot be used on the same project. Staff will not be able to advise you on this.</p>
Income Eligibility	<p>Projects must primarily benefit persons with household income below 80% of median income adjusted for family size (see table on page V). New applicants should seek advice on eligibility from City Community Development staff at 259-5721 before preparing their application.</p>
Local Priorities	<p>The Consortium's Consolidated Strategic Plan for 2000-2005 has established priorities among the many activities eligible for CDBG and HOME assistance. In general the highest priority is given for activities that support affordable housing or create job opportunities that pay a living wage</p>
Eligible Applicants	<p>HOME applicants must be:</p> <ul style="list-style-type: none">• Consortium member governments; or• Non-profit agencies applying through a member government

CDBG applicants must be:

- Non-profit agencies with a primary purpose to provide housing, human services or economic development services within the City of Asheville.

“Non-profit” means having a 501c(3) tax exemption notice from the IRS.

All applicants must demonstrate a track record of continuous and active operation for at least two years and must agree, if funded under this program, not to seek additional funds from other City programs or departments for the same program.

Grant Period	The funding period starts July 1, 2003. Costs incurred before that date cannot be reimbursed. You should plan to expend all funds by June 30, 2004.
Special Conditions	Please note that total funding to support social service programs is limited to 15% of the CDBG budget. Competition for these funds may be particularly tight.
Invalid Applications	Applications may be rejected without evaluation for the following reasons: <ol style="list-style-type: none">1) Program not clearly eligible according to CDBG/HOME regulations.2) Applicant has demonstrated poor past performance in carrying out City-funded programs or complying with federal regulations.3) Applicant fails to provide audited financial statements or other required information.
Project Evaluation & Funds Allocation	<p>City staff will evaluate and score applications according to criteria based on the priorities in the Consolidated Strategic Plan, the feasibility of the project, and the capacity of the agency to carry it out. A copy of the criteria is available on request. These scores will guide the allocation of funds but will not be the sole factor in deciding whether a program will be funded or how much it will receive.</p> <p>After this initial evaluation, CDBG applications will be reviewed by the City of Asheville's Housing and Community Development Committee and HOME applications by the Asheville Regional Housing Consortium Board. These bodies will present their allocation recommendations to the Asheville City Council in the form of a Consolidated Action Plan for the CDBG and HOME programs. In addition, the City will seek citizen input on the Plan through public hearings. The schedule is on the next page.</p>

Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded. Successful applications may be funded for less than the amount requested.

Schedule for CDBG & HOME Planning for 2003-04

November 13, 2002 (Wednesday)		Public Hearing - Asheville
November 14, 2002 (Thursday)		Public Hearing - Brevard
November 19, 2002		Public Hearing – Marshall
December 5, 2002 (Thursday)		Training session for applicants: you are strongly advised to attend
January 31, 2003 (Friday)		Deadline for applications
February 2003		Staff review of applications
March 5, 2003 (Wednesday)		Consortium Board: HOME applicant interviews
March 11, 2003 (Tuesday) (<i>Tentative date</i>)		Housing & CD Committee: CDBG applicant interviews
March 21, 2003 (Friday)		Draft Plan published for public comments
April 8, 2003 (Tuesday)		Asheville City Council: Public Hearing on draft plan
April 21, 2003 (Monday)		Deadline for citizen comments on draft plan
April 22, 2003 (Tuesday)		Asheville City Council: Approval of final Action Plan
May 12, 2003 (Monday)		Action Plan submitted to HUD

Income Limits For Extremely Low, Very Low, and Low Income Households

(Based on HUD estimates of median family income for FY 2002.

We expect to receive revised limits for 2003 early next year)

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Buncombe & Madison (incl. City of Asheville)	Extremely Low Income	<30%	10,300	11,750	13,250	14,700	15,900	17,050	18,250	19,400
	Very Low Income	31-50%	17,150	19,600	22,050	24,500	26,450	28,400	30,400	32,350
	Low Income	51-80%	27,450	31,350	35,300	39,200	42,350	45,450	48,600	51,750

AMI = Area Median Family Income

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Henderson	Extremely Low Income	<30%	11,100	12,650	14,250	15,850	17,100	18,350	19,650	20,900
	Very Low Income	31-50%	18,500	21,100	23,750	26,400	28,500	30,600	32,750	34,850
	Low Income	51-80%	29,550	33,800	38,000	42,250	45,600	49,000	52,400	55,750

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Transylvania	Extremely Low Income	<30%	9,500	10,850	12,200	13,550	14,650	15,750	16,800	17,900
	Very Low Income	31-50%	15,800	18,100	20,350	22,600	24,400	26,200	28,000	29,850
	Low Income	51-80%	25,300	28,950	32,550	36,150	39,050	41,950	44,850	47,750

Client Income eligibility: HOME- and CDBG-assisted programs must serve low income clients (less than 80% of AMI). For HOME rental programs lower income limits apply. For all HOME programs and for CDBG programs providing direct financial benefits, **all** clients must meet income eligibility limits. For other CDBG programs at least 51% of clients must meet income limits. Certain categories of CDBG clients e.g. the homeless, may be presumed to meet income limits. If you are not sure about your program's eligibility, please call CD staff.

Client Income Tracking: As well as ensuring client eligibility, HUD requires us to report the numbers of clients served in each of the income groups listed above.

DETAILED APPLICATION INSTRUCTIONS

- Submit the original and four copies by hand at Asheville City Hall, Room 512 or by mail to:
City of Asheville
Community Development Division
Post Office Box 7148
Asheville NC 28802-7148
- ***Deadline for receipt by the City of Asheville is 5:00 PM on Friday, Jan. 31, 2003.***
- The application form may be completed manually or reproduced in applicant's word processor system (recommended). The Community Development Division will provide electronic copies by e-mail (please specify user software type and release number, e.g. *Word Perfect 7.1*).
- Applications should be fastened with a paper clip or other fastening that can easily be undone for copying. Please do not use binders, covers, or staples. **Fax or electronic submission is not acceptable.**
- Applications should start at Page 1 (Application Information). Do not include a cover letter or the instruction pages; any covers will be discarded.
- Narrative responses should be limited to one double-spaced sheet per question, in a typeface no smaller than 11-point. Additional printed documentation, photographs and maps may be placed immediately behind the page they refer to, where it is necessary to clarify the program description, experience of the applicant, etc. The required attachments listed on Page 2 should be attached at the back of the document in the order listed. **Applications exceeding 20 pages (excluding required attachments) are strongly discouraged.**
- We ask that you submit a complete original application with all required attachments. However, the attachments may be omitted from the four copies.
- Please read all questions and instructions carefully. **The care that goes into accurately and informatively completing this application is an indication of your agency's ability to manage the complexities of CDBG and HOME program requirements.**

Staff in the City's Community Development Division will be happy to answer questions about the CDBG and HOME programs, this form and the application process, but cannot help write applications or offer comment on drafts. (Tel. 259-5721; TTY 259-5548), e-mail: brendag@mail.ci.asheville.nc.us .

Application for Funding for a NON-CONSTRUCTION PROJECT

HOME

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CHECKLIST OF DOCUMENTATION INCLUDED WITH THIS APPLICATION:

You must provide an ORIGINAL plus FOUR COPIES of the following sections in the order listed:

- ☐ Applicant Information
- ☐ Program Description
- ☐ Program Budget
- ☐ Agency Management
- ☐ Disclosure of Potential Conflicts of Interest

Also, please provide ONE of each of the following attachments, if available:

- ☐ Current Organizational Chart
- ☐ IRS tax determination letter (501(C)(3) on file with City*__ attached __
- ☐ Current Bylaws and Articles of Incorporation on file with City*__ attached __
- ☐ Most recent independent audit on file with City *__ attached __
- ☐ Auditor's management Letter on file with City*__ attached __
- ☐ Most recent un-audited financial statement
- ☐ Current list of Board of Directors

* Please check with CD staff before indicating that documents are on file with the City.

SECTION II. PROGRAM DESCRIPTION

II.A. Program Title: _____

II.B. Program Location(s) (be as specific as possible): _____

II.C. Type of Activity (check one):

- | | |
|---|--|
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Housing Services related to a HOME construction project |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Small Business Assistance |
| <input type="checkbox"/> Tenant-Based Rent Assistance | <input type="checkbox"/> Homebuyer downpayment assistance |
| Other (Specify) _____ | |

If in doubt, please call City Community Development staff on 259-5721 for advice.

II.D. Program Purpose (one sentence stating the purpose of the program in simple language):

II.E. Program Justification. Who are the targeted clients? What are their needs? What objective data can you quote in evidence of needs? (You may want to indicate how your program addresses specific strategies and/or performance targets listed in the City's Consolidated Strategic Housing and Development Plan for 2000-2005. Note that there is another question below covering the detail of how the program will be operated):

II.F. Is this a **human services program** which is not already CDBG-funded? YES _____ NO _____
If YES,

- a) briefly describe other relevant programs in the Asheville area and demonstrate that there is a gap in service provision.
- b) Say how CDBG funding will enable you to provide new or expanded services (be quantitative)

II.G. Program Operation. Explain simply and clearly how your program works. This may take more than one page. Please concentrate on practical details - what, where, when, who and how - rather than program philosophy or purpose. **Do not assume that the reader knows anything about your operations.** For service programs, this is best done by describing the steps by which a **client** progresses through the program, rather than focusing on what staff do. Among other things, be sure to include how clients access the program in the first place, how much time they typically spend with staff on different activities, how they provide evidence of their eligibility, and how your collaboration with other agencies helps them.

II.H. Staffing. List the key positions in the program and indicate their roles, specific responsibilities and qualifications. (Positions should be titled consistently here, on the agency organizational chart requested in Section IV.C.5, and in the salary table in III.C.) If volunteers are providing key services include them here and in your organizational chart.

- II.I. Client Demographics.** Please complete the following tables to the best of your ability. Show numbers of clients, **not percentages**, in each category. Current income limits are on page V of the general instructions.

Number of Persons or Households Served, by Income Group					
Check whether counting Persons: <input type="checkbox"/> or Households: <input type="checkbox"/>					
Year	<30% of median	31-50% of median	51-80% of median	>80% of median	Total
2001/2002 (actual)					
2002/2003 (as now projected)					
2003/2004 (target)					

Numbers of Special Needs Clients				
Year	Elderly (over 60)	Disabled (not elderly)	HIV/AIDS	Homeless
2001/2002 (actual)				
2002/2003 (projected)				
2003/2004 (target)				

II.J. PROGRAM OUTCOMES

Please complete the table below to show how you identify and measure the changes and impacts brought about by your program. When completing this section keep in mind the question – ***“How do we know this program is making a difference in the lives of those served?”***

In the “*Program*” column give us the program name and number of people (or households) served.

In the “*Outcome*” column state the expected change in the conditions, knowledge, or behaviors of program clients or the community.

In the “*Indicator*” column tell us the specific, observable and measurable characteristics that will show that the outcome was achieved. The indicator must state target number(s) not just percentages.

In the “*Measurement Tool*” column describe the data collection method you will use to measure the indicator and the success of the program.

An example of this model is provided in the table below. If you lack information from prior years please indicate “not available”.

It is important to identify outcomes, indicators and measurement tools that can reasonably be measured and carried out by your program. One of each is enough, but you may specify more if you wish. If your program has several distinct components, you may want to complete a table for each sub-program.

Year	Program (Name and projected # served.)	Outcome (Expected change in clients' conditions, skills, behavior, etc.)	Indicator (Defines how you will know an outcome has been achieved. Include a target # and %).	Measurement Tool (Survey, interviews, tests, assessments, document review, etc.)
2001/02 Actual (Example)	<i>Fair Housing Education Classes given to 157 people.</i>	<i>Class participants recognize signs of housing discrimination.</i>	<i>135 (86% of class participants can list 5 signs of discrimination.</i>	<i>10 question survey given to all participants at end of class.</i>
2002/03 Projected (Example)	<i>Fair Housing Education Classes to 180 people.</i>	<i>Class participants recognize signs of housing discrimination and actions to take.</i>	<i>162 (90%) of class participants can list 5 signs of discrimination and 3 agencies to contact.</i>	<i>15 question survey given to all participants at end of class.</i>
2003/04 Target (Example)	<i>Fair Housing Education Classes to 200 people</i>	<i>Class participants recognize signs of housing discrimination and actions to take.</i>	<i>190 (95%) of class participants can list 5 signs of discrimination and 3 agencies to contact.</i>	<i>15 question survey given to all participants at end of class.</i>

Year	Program (Name and projected # served.)	Outcome (Expected change in clients' conditions skills, behavior, etc.)	Indicator (Defines how you will know an outcome has been achieved. Include a target # and %).	Measurement Tool (Survey, interviews, tests, assessments, document review, etc.)
2001/02 Actual				
2002/03 Projected				
2003/04 Target				

SECTION III – BUDGET

III.A. PROGRAM OPERATING BUDGET:

Columns 2-4 cover the **total** revenues and costs for your program, including the funds you are applying for. Column 5 shows just the CDBG or HOME amount requested in this application, plus program income to be used in this program (if any), and how those funds are to be used. If you do not use our fiscal year (July 1-June 30) for your budgeting, please amend the column headings accordingly.

Revenue

Source	2001/02 Actual	2002/03 As now Projected	2003/04 Proposed	2003/04 CDBG/HOME Only	03/04 Grant Committed ? YES/NO
CDBG or HOME					NO
CDBG Program Income					
Other Grants (list):					
Support from the Public					
Program Fees					
Other (specify)					
TOTAL REVENUE					

Expenditures

Line Item	2001/02 Actual	2002/03 As now Projected	2003/04 Proposed	2003/04 CDBG/HOME only
Salaries				
Taxes & Fringe Benefits				
Professional Fees				
Supplies				
Telephone				
Postage				
Occupancy Costs				
Equipment Maintenance				
Printing & Publications				
Travel & Training				
Direct Assistance to Clients				
Membership Dues				
Indirect Costs				
Other				
TOTAL EXPENDITURE				
Excess (shortfall) of Revenue over Expenditure				0

III. B. EXPLANATION OF BUDGET CHANGES: Please explain any large changes in expenditures from year to year (a “large change” is an increase or reduction of more than 10% in a line item, but ignore changes less than \$1000).

III. C. CDBG/HOME STAFF COSTS: If application includes CDBG or HOME funding for salaries or fringe benefits, please complete this table:

Position Title	Total Annual Salary	% Time to be spent on CDBG Program	CDBG/HOME Salary Request
TOTAL:			

III.D. IN-KIND SUPPORT (optional)

If your program will receive significant non-cash support (e.g. donated goods or services, volunteer labor, loans provided directly to clients by third parties through your efforts), you should list it here so we can take it into account in estimating “leverage”. Volunteer labor should be valued at \$10 p.h. unless you can justify a larger amount (e.g. for donated professional services).

III.E. PROGRAM INCOME

Program income is income directly generated by the use of CDBG, HOME or other Federal funds. Examples include the repayment of CDBG or HOME loans that you have made, or the net proceeds from sale or rent of assisted property.

1. List the specific programs operated by your organization that generate CDBG or HOME program income:
2. How does your organization currently use program income?
3. Complete the table below for your organization’s on-hand and projected CDBG and HOME program income. Remember to include program income from all of your CDBG or HOME programs.

	CDBG Program Income		HOME Program Income	
Balance at 12/31/02	\$		\$	
Estimated receipts 7/1/03 – 6/30/04	\$		\$	
Proposed Use(s) & Amount(s)	Program	Amount	Program	Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$

SECTION IV. AGENCY MANAGEMENT
(Member Governments do not need to complete this section)

A. ORGANIZATION

1. What is your organization mission statement?
2. Incorporation date (Month and Year)?
3. Estimated Agency Budget for FY 2003: \$ _____
4. Number of staff employed (full time equivalents) _____
5. Does your organization have any of the following written management policies:

Personnel policy?	Yes	_____	No	_____
Job descriptions?	Yes	_____	No	_____
Purchasing policy?	Yes	_____	No	_____
Code of conduct?	Yes	_____	No	_____
ADA policy?	Yes	_____	No	_____

- B. AGENCY TRACK RECORD.** Please describe what makes your agency particularly qualified to carry out the program described in Section II. (This may include your past achievements in carrying out this program or other similar programs, experience of key staff, collaborative relationships with other agencies, or any other features relating to agency capacity that you consider relevant).

C. ATTACHMENTS

Please provide one copy of each of the following documents, unless they are already on file with the City:

1. By-Laws, Articles of Incorporation, and 501c(3) determination letter.
2. A copy of your most recent **audited financial statement**, including the management letter if one was issued.
3. If you have completed a financial year that has not yet been audited, please also attach the **un-audited financial statement** for that year.
4. A complete list of the members of your **Board of Directors**. Include addresses and phone numbers.
5. An **organizational chart**. Highlight staff who will be responsible for this project.

D. BOARD OF DIRECTORS:

1. How many board members should you have according to your by-laws?
2. How many do you actually have at this date?
3. How often does your board meet?
4. What was the actual attendance at each of the last three regular Board meetings?
5. Have you failed to reach a quorum at any Board meetings in the last 12 months?
If so, How many times?
6. Do any of your organization's staff members serve on your board?
7. What efforts do you make to ensure that your board represents the community it serves?
8. **Please attach a complete list of your officers and members of your board of directors. Include addresses and phone numbers.**

SECTION V. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any Board Members or employees, or members of their immediate families, or their business associates:

- a) Employees of or closely related to employees of the City's
Planning and Development Department: YES ___ NO ___
- b) Members of or closely related to Members of City Council: YES ___ NO ___
- c) Current beneficiaries of the program for which funds are requested: YES ___ NO ___
- d) Paid providers of goods or services to the program or having other
financial interest in the program: YES ___ NO ___

If you have answered YES to any question, **please attach a full explanation.** The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.